

**UNITED STATES DISTRICT COURT**  
**FOR THE DISTRICT OF MONTANA**

**Form 1. Notice of Appeal from a Judgment or Order of a  
United States District Court**

U.S. District Court case number: CV-21-064-BU-BMM

Notice is hereby given that the appellant(s) listed below hereby appeal(s) to the United States Court of Appeals for the Ninth Circuit.

Date case was first filed in U.S. District Court: 08/23/2021

Date of judgment or order you are appealing: 07/25/2022

Docket entry number of judgment or order you are appealing: 28

Fee paid for appeal? (*appeal fees are paid at the U.S. District Court*)

☒ Yes ☐ No ☐ IFP was granted by U.S. District Court

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**List all Appellants** (*List each party filing the appeal. Do not use "et al." or other abbreviations.*)

Atlantic Specialty Insurance Company

Is this a cross-appeal? ☐ Yes ☒ No

If yes, what is the first appeal case number?

Was there a previous appeal in this case? ☐ Yes ☒ No

If yes, what is the prior appeal case number?

Your mailing address (if pro se):

City: State: Zip Code:

Prisoner Inmate or A Number (if applicable):

**Signature** /s/ Christian P. Jones

**Date** August 22, 2022

*Complete and file with the attached representation statement in the U.S. District Court*

*Feedback or questions about this form? Email us at [forms@ca9.uscourts.gov](mailto:forms@ca9.uscourts.gov)*

**UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT**

**Form 6. Representation Statement**

*Instructions for this form: <http://www.ca9.uscourts.gov/forms/form06instructions.pdf>*

**Appellant(s)** (List *each* party filing the appeal, do not use “et al.” or other abbreviations.)

Name(s) of party/parties:

Atlantic Specialty Insurance Company

Name(s) of counsel (if any):

Christian P. Jones  
Intact U.S. Coverage Litigation Group

Address: 605 Highway 169 North, Suite 800, Plymouth, MN 55441

Telephone number(s): 781-332-7201

Email(s): cjones@intactinsurance.com

Is counsel registered for Electronic Filing in the 9th Circuit? ☒ Yes ☐ No

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**Appellee(s)** (List only the names of parties and counsel who will oppose you on appeal. List separately represented parties separately.)

Name(s) of party/parties:

PacificSource Health Plans

Name(s) of counsel (if any):

Martha Sheehy  
Sheehy Law Firm

Address: P.O. Box 584, Billings, MT 59103-0584

Telephone number(s): 406-252-2004

Email(s): msheehy@sheehylawfirm.com

*To list additional parties and/or counsel, use next page.*

*Feedback or questions about this form? Email us at [forms@ca9.uscourts.gov](mailto:forms@ca9.uscourts.gov)*

Continued list of parties and counsel: *(attach additional pages as necessary)*

**Appellants**

Name(s) of party/parties:

Atlantic Specialty Insurance Company

Name(s) of counsel (if any):

Peter F. Habein

Address: 490 North 31st Street, Suite 500, Billings, MT 59101

Telephone number(s): 406-252-7208

Email(s): phabein@crowleyfleck.com

Is counsel registered for Electronic Filing in the 9th Circuit? ☒ Yes ☐ No

**Appellees**

Name(s) of party/parties:

PacificSource Health Plans

Name(s) of counsel (if any):

Raph Graybill

Graybill Law Firm, PC

Address: 300 4th Street North, Great Falls, MT 59403

Telephone number(s): 406-452-8566

Email(s): rgraybill@silverstatelaw.net

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

*Feedback or questions about this form? Email us at [forms@ca9.uscourts.gov](mailto:forms@ca9.uscourts.gov)*